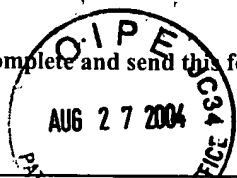


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

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05514 7590 08/19/2004

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(Date)

08/30/2004 EABUBAK2 00000008 09976103

01 FC:1501 1330.00 OP
 02 FC:8001 15.00 OP
 03 FC:1504 300.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/976,103	10/15/2001	Yoshihiko Kikuchi	35.C15871	9322

TITLE OF INVENTION: RESIN COMPOSITE, METHOD FOR PRODUCING THE SAME AND ARTICLES CONSISTING OF THE SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	11/19/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
YOON, TAE H	1714	527-301000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Fitzpatrick,
 2 Cella, Harper
 3 & Scinto

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Carcon Kabushiki Kaisha

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

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- ☒ Advance Order - # of Copies Five (5)

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- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1205 (enclose an extra copy of this form).

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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(Authorized Signature)

(Date)

Jason M. Okun (Reg No 48,512) 8/26/04 (JASON M. OKUN)

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